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## Walking the middle ground between hermeneutics and science: A research proposal on psychoanalytic process

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### ABSTRACT

In 100 years of clinical research and 40 years of empirical research, the concept of psychoanalytic process continues to elude a consensual definition, probably because the problem and methodology must be approached in a different way. This article outlines the empirical implications of the epistemological model exposed in a previous article, by proposing a scientific, innovative, and clinically sensitive research programme for the study of psychoanalytic process. This proposal is an attempt at developing psychotherapy research that is founded on psychoanalytic hypotheses derived from a two-person psychology. The research programme focuses on the interactional nature of the analytical work, and on the relationship between the implicit (unconscious) and the explicit (conscious) levels of the analytic endeavour. The authors propose that this research programme be articulated around three methodological approaches: (1) the use of systematic case studies; (2) the adoption of the events paradigm for accessing the salient phenomena of the psychoanalytic process; and (3) a micro-analytic approach to the specific phenomena occurring within relevant sequences of interaction. These ideas are illustrated with a description of the micro-analysis of a clinical case. This article is intended to contribute to a constructive dialogue between psychoanalytic practice and psychotherapy research.

### KEYWORDS

Epistemology; attachment; psychotherapy; relational psychoanalysis; empirical research

## Introduction

The present article derives from an ongoing discussion in which we argue in favour of the need for psychoanalysis to expand its theoretical and clinical development towards an interdisciplinary dialogue with related disciplines including psychiatry, neuroscience, attachment, and psychotherapy research. The implications of such epistemological pluralism involve finding a middle ground between hermeneutics and science for psychoanalytic theory building and development in contemporary times (Jimenez and Altimir 2019).

In this article, when we speak of scientific research, we refer to the application of the scientific method to the observation and analysis of the analytic process. This necessarily implies adhering to certain basic scientific criteria, including systematic observation,

scientific honesty (accounting for the researcher's own biases and assumptions), and making data and interpretations available for public scrutiny. This is the essence of any scientific enterprise (Kächele 2011). It should be noted that when we speak of scientific inquiry, we consider a flexible implementation—guided by the question we are trying to answer—of different procedures and methodological approaches, that include both qualitative and quantitative methods, that can help elucidate and solve a particular psychoanalytic problem.

Achieving this middle ground implies two movements for psychoanalytic thinking. First, psychoanalysis should pose problems for scientific empirical research that are based on psychoanalytic concepts. This means that psychoanalysis should take advantage of scientific methods and systematic empirical research to answer the questions that are relevant to psychoanalytic theory, specifically regarding psychoanalytic process. As Foehl (2010) has argued elsewhere, epistemological pluralism calls for a shift from causal meta-psychological formulations towards experience-near formulations. He argues that we can learn more about clinical experience by studying experience itself, that is, process. Rigorous systematic research on psychoanalytically driven therapeutic processes constitutes an opportunity for a further practice-bound and systematic development of psychoanalytic theory.

Second, psychoanalysis must open theory building beyond hermeneutics to include scientific strategies of collecting information. We believe that psychoanalytic theory construction must adopt diverse sources and strategies of collecting information. The discussion must move from a monistic epistemological position to the conception of a psychoanalysis that takes advantage of hermeneutics and science, i.e. to an epistemological and methodological pluralism, under the guiding question, *which method of research—clinical, empirical, quantitative or qualitative, conceptual, etc.—can be used to brighten which particular psychoanalytic problem or question?* Certainly, all methods have advantages and disadvantages; the complexity of the mind/brain requires that we accept uncertainties and partial knowledge. Scientific research is, by its very nature, an ongoing process of knowledge acquisition.

However, for this dialogue to be fruitful, psychoanalysis not only must incorporate the contributions from other disciplines into its development of theory and practice, but in turn it must contribute to defining and signalling relevant areas for other disciplines to develop significant research and scientific knowledge. Psychoanalysis can help organize and make sense of the empirical findings within psychotherapy research, thus strengthening the development of psychoanalytic theory, so that it is in permanent contact with the current developments of related disciplines.

Following these premises, the present article outlines the empirical implications of taking a stance that constitutes the middle ground between hermeneutics and science (Jimenez and Altimir 2019), by proposing a scientific and clinically sensitive research programme for the study of psychoanalytic process that centres on the interactional nature of the analytical work, at the same time that it underlines the relationship between the implicit (unconscious) and the explicit (conscious) dimensions of this interaction. In order to achieve this, we propose that this research programme be articulated around three methodological approaches: (1) the use of *systematic case studies* (Fonagy and Moran 1993; Messer 2007) that account for the uniqueness of the analytic relationship, as a means to contribute to the development of a systematic practice-based

psychoanalytic theory; (2) the adoption of the *events paradigm* (Greenberg 1984; Safran 2003) in order to access the salient phenomena of the psychoanalytic process; and (3) a *micro-analytic approach* to the specific phenomena occurring within relevant sequences of the patient–analyst interaction, and which provide access to implicit and unconscious phenomena that are otherwise overlooked by approaches based on broader units of analysis. This research programme is an attempt to respond to and help bridge the epistemological divide between systematic psychoanalytic research, and the traditional as well as postmodern psychoanalytic stance that has been resistant to empiricism in psychoanalysis (Hoffman 2009). We believe this proposal is innovative insofar as it combines valid and advanced methodologies that are suitable for accessing phenomena relevant to psychoanalysis such as the dyadic element and the implicit dimension of the analytical process. The implementation of this research programme may contribute even further to the validation of psychoanalytic propositions and to “strengthening the evidence base of psychoanalysis” (Fonagy 2015, 54).

### The research-minded clinician or the clinical-oriented researcher

The empirical implications derived from a stance that advocates for a pluralistic and interdisciplinary dialogue between psychoanalysis, related disciplines, and psychotherapy process research involve an attempt to bridge the gap between a hermeneutic and a scientific position. Thus, the research-minded clinician, or the clinical-oriented researcher, tries to keep him/herself in a middle ground. On the one hand, he/she cannot dismiss clinical material as a primary and valuable source of information for understanding psychotherapy and psychoanalysis. On the other hand, he/she cannot deny the contribution of systematic observations of the clinical situation.

This falls into the controversy exposed by Irvin Hoffmann’s article in the *Journal of the American Psychoanalytic Association* in 2009 (Hoffman 2009), in which he claimed that the superordinate status of systematic empirical research and neuroscience compared to other sources of knowledge in psychoanalysis, such as traditional case studies, was “unjustified and potentially destructive” (1044). Although we validate the traditional case study method employed in psychoanalysis as an important and rich source of clinical insights, we must not deny the need for a systematic procedure that can be subject to scrutiny by other researchers as well as clinicians, and also subject to differing plausible interpretations. Here again we are confronted with the dialectic between hermeneutics and science. Hoffmann alludes to the efforts of systematic empirical research on psychoanalytic process and outcome as sustaining a prescriptive attitude towards the clinical situation based on their clinical findings. In contrast to this, he describes his and his colleagues’ epistemological and clinical stance as that of a “dialectical” constructivist:

In this paradigm, the analyst embraces the existential uncertainty that accompanies the realization that there are multiple good ways to be, in the moment, and more generally in life, and that the choices he or she makes are always influenced by culture, by personal values, by countertransference, and by other factors in ways that can never be fully known. (Hoffman 2009, 1044–1045)

Hoffman sees in empiricism and specifically in objectivism a form of authoritarianism in psychoanalysis that prescribes how the analytic process should be driven by the

analyst. However, this same kind of authoritarianism can be held without research being part of the scenery, when psychoanalytic dogmas are held as absolute truths that cannot be questioned within the psychoanalytic community. Furthermore, as Foehl (2010) states, psychoanalysis can also be prescriptive—and even authoritarian—by basing its notion of psychoanalytic process in what theory (meta-psychology) proclaims as “what should happen in the analytic process,” rather than basing it in phenomena that are closer to the experience of what actually takes place in therapy.

Therefore, what scientific scrutiny allows is precisely the possibility of opening the analytic situation to an inspection by the clinical, scientific, and social community. The problem with supporting psychoanalytic theory exclusively by traditional psychoanalytic case reports—those defended by Hoffman—is that the data on which theory is based are already processed by the analyst, based on his/her memory of the analytic session and therefore inevitably influenced by his/her unconscious motivations (Fonagy 2013). There is no way of accessing the original data so as to allow other parties to analyse and criticize it in different ways (Safran 2012). At this point we echo what the late psychotherapy researcher and psychoanalyst Jeremy Safran (2012) claimed regarding the relevance for psychoanalysis to incorporate an understanding of the value of hermeneutics in a broader comprehension of how science works. He argues that science has a social, political, and hermeneutic character, where data are only an element in a rhetoric trans-action in which dialogue between members of a scientific community is essential:

Data emerging from systematic empirical research can be manipulated in various ways. But they really *are* more difficult to manipulate than the “data” of the psychoanalytic case study, and the critic does have the ability to access the original data in a less processed form. In some cases, the data can actually include videotapes of the relevant therapy sessions that can then be observed and recoded in various ways. These data then become elements in an ongoing conversation in which other researchers can challenge the way in which it is interpreted, reanalyze it in different ways, or challenge or raise questions about what the most meaningful criteria are for making decisions. (Safran 2012, 715)

Critical scrutiny of clinical unprocessed material can contribute not only to advances in psychoanalytic theoretical formulations, it can also help to develop clinical abilities (Fonagy 2013), without involving a prescriptive stance towards clinical practice. The possibility of reaching this middle ground between hermeneutics and science is a necessary shift if psychoanalysis intends to be a part of the contemporary academic and scientific discussion.

### The centrality of studying psychoanalytic process

In more than a century of existence of the psychoanalytic movement we have not yet reached a consensual definition of what is essentially psychoanalytic in a particular treatment (Tuckett 2004). In spite of this, it is a consensus that “psychoanalytic process” is a salient aspect of the psychoanalytic treatment. However, there is no agreement about the concept of “psychoanalytic process” itself at hand. Several authors in a similar tenor repeat the following statement by Abrams: “The psychoanalytic process conceptualizes what is fundamental to the investigative and clinical potential of psychoanalysis. Yet, it is hard to imagine any term more burdened by ambiguity, controversy and diversity of usage, ... it has become a Babel, a shibboleth, and a weapon” (Abrams 1987, 441).

Despite attempts to establish a consensual definition of the concept of psychoanalytic process, the final conclusion is that each analytic process is unique, ideographic, and therefore different and incomparable to any other, or to any other analytic dyad (Foehl 2010).

On the other hand, eminent psychoanalytic researchers (see Dahl, Kächele, and Thomä 1988; Miller et al. 1993; Shapiro and Emde 1995) have contributed to the operationalization and measurement of the concept of psychoanalytic process. Kächele, Schachter, Thomä, and The Ulm's Group investigated the psychoanalytic process systematically with empirical methodology for 40 years (Kächele et al. 2009). However, Tuckett, in 2004, asserted that psychoanalytic process still eludes definition and now, despite a good deal of psychoanalytic research, we still cannot identify substantial progress in empirically validating the concept of psychoanalytic process. Thus, both the traditional inquiry on clinical research to arrive at a consensual definition of psychoanalytic process and the strategies of operationalization of the concept and its empirical validation have reached a stalemate. This stalemate prevents the generation of new statements about the workings and mechanisms of analytic process and change.

In view of this, Schachter and Kächele (2017) conclude that it is not possible either to define or to measure the traditional concept, "psychoanalytic process," and propose therefore to change strategy and focus on a detailed observation and description of the analyst–patient interaction using modern technologies such as videotaping. These authors advance the idea that the reason for the stalemate is that psychoanalytic theory, in its eagerness to discard the effect of suggestion on therapeutic change, has been trapped for 100 years by the monadic conception that the psychoanalytic process is an entelechy, which emerges dissociated from the influence of the analyst's person.

Picking up on this argument, the interest underlying the research programme proposed in this article is that of bringing closer together psychotherapy process research and psychoanalytic concepts in order to better define and understand psychoanalytic process. This proposal seeks to contribute to a clearer delimitation of the definition of process, by adopting a different approach to the traditional inquiry in psychoanalysis. This process inevitably implies a certain level of uncertainty before adopting a particular definition, if we are to inquire on analytic process by looking at patient–analyst interaction and by describing phenomena near to experience instead of prescribing the form and trajectory of such process. We believe that these two fields of knowledge—clinical psychoanalysis and systematic process research—may mutually benefit from a continuous dialogue that can contribute to reorganizing and expanding the existing repertoires, not only of clinical intervention, but also of theoretical propositions and of psychotherapeutic research formulations.

### **The focus of interest of a clinically sensitive approach to psychoanalytic process research**

Perhaps the most important change in psychoanalytic theorizing, as well as in the social sciences in general, of the last decades is the shift from a one-person to a two-person psychology (Aron 1996; Bohleber 2013). Within psychoanalysis, this means a move from the intrapsychic, monadic conception of the mind, as an objective and isolated entity, to a relational notion of mental phenomena, which is dependent on context and where mental states are conceived as interacting between subjects. Although this movement

gained strength mainly in the 1980s and 1990s, it is worth noting two relevant intellectual predecessors who based their relational thinking on field theory (Stern 2013). First, H.S. Sullivan, during the 1940s, incorporated field theory into psychoanalysis and the understanding of interpersonal relations. As D.B. Stern (2013) poses:

for Sullivan, then, the interpersonal field is a continuous, inevitable, social aspect of human living. It is not specifically a psychoanalytic conception but an omnipresent, concrete, empirical reality, a sociological and psychological fact that permeates and helps to constitute every moment of every human being's life. It is not possible for a person to exist outside this field. Even when one is alone, one is the product of the interpersonal fields in which one has come to be, and one's experience continues to take its meaning from the fields in which its possibility originated. (489)

Subsequently, W. and M. Baranger, psychoanalysts of French origin who developed their psychoanalytic careers in Argentina and Uruguay in the 1960s, coined their conception of the dynamic field (Baranger and Baranger 2008), which "is essentially a theoretical–technical conception of clinical practice. It aims to conceptualize the central phenomena of analysis seen as a profound encounter involving two subjectivities intensely committed to the task of promoting the patient's psychic transformations" (Beatriz de Leon de Bernardi 2008, 774). However, these authors are far from accepting an empirical research model of the interaction in the therapeutic relationship insofar as they state that

psychoanalysis must, on the basis of its practice, discover its own principles of objectivity and accept its role as a science—in many ways privileged—of humanity. It must accept its character as a science of dialogue—that is, of bi-personal psychology—its character as an interpretive science ... with essentially original laws and techniques of validation different from those that rule the natural sciences. ( Baranger 1959, 27)

However, further developments in relational and interpersonal thinking within psychoanalysis incorporate findings from related disciplines such as mother–infant research and neuroscience, when they pose the therapeutic relationship at the centre of the stage in psychology. This has implied that the notion of psychotherapeutic work necessarily means understanding that patient's and analyst's subjective experiences influence one another and that this mutual influence (Aron 1996) requires a negotiation that needs to deal with both participants' needs for self-agency and relatedness (Muran 2002; Safran and Muran 2000, 2001). For dyadic-based thinking, this unique experience of "being with the other" (Beebe and Lachmann 2002; Bromberg 2006; Fosshage 2007; Lyons-Ruth et al. 1998; Stern 2004; Stolorow 2002) is the basis of psychotherapeutic change and healing.

Thus, the concept of intersubjectivity emerges as a way of accounting for the experiential richness and uniqueness of the encounter between patient and analyst (Bohleber 2013). Although the definition of intersubjectivity is also a subject of controversy within psychoanalysis, in this article we adopt it in the same manner as Beebe et al. (2005) refer to "forms of intersubjectivity." It includes all those models and conceptualizations in psychoanalysis that propose a new perspective on the therapeutic relationship and the analytic process, putting an emphasis on the *in between* of relationships, where the mind is conceived as a construction throughout development that takes place within a relational context, *in* interaction with significant others, and therefore *in* interaction between subjectivities.

When relations come to the foreground, the concept of affect and affect regulation become central to understanding the development of the self, psychopathology, the patient–analyst relationship, and psychotherapeutic change. Influenced by the recent developments in mother–infant research, attachment theory, and neurosciences, the theory of regulation underscores the relevance of affect in social and emotional models of cognitive development, attachment as a primary motivational system that is central to the development of the self, and the notion of embodied functions and emotional processing involved in neuropsychological functioning (Schore 2012). From this perspective, affect and its regulation are the cornerstones of the development of the self and of the repertoires of emotional interaction that determine the ways of negotiating relationships throughout the lifespan. Thus, affect regulation is coherent with relational and intersubjective thinking within psychoanalysis, inasmuch as the mechanisms of interactive emotional transaction are a common element in the caregiver–infant relationship and in the analyst–patient relationship (Schore 2003). The nonverbal, pre-rational current of emotional expression that unites the infant with its caregiver continues to be, throughout life, the primary means of intuitive affective-relational communication between two people.

This notion of psychic development has translated into a shift from a focus on drive to an interest in affect, where the human motivation has moved from discharge of psychic energy (drive), to the search for affective relationships (attachment) (Mitchell 2000). In terms of its clinical implications, this has meant understanding that the subjective experiences of patient and analyst are influenced by the interactive partner (Aron 1996), implying therefore that the therapist is a co-participant in the analytic relationship and in the therapeutic process. The analyst is inextricably involved in everything that happens in the therapeutic exchange, instead of someone who can stand outside the interpersonal field and observe from there.

The discovery of what is called “implicit relational knowing” (Lyons-Ruth et al. 1998) adds another layer to the relational turn in psychoanalysis, in this case a turn to what might be called the experiential and procedural realm of the therapeutic interaction. Even though interpretive work—through explicit and verbal exchange between patient and analyst—can bring about changes, these can only be achieved if the implicit doing-something-together with the analyst and the implicit relational knowing, which has been modified, frame and seal the flow of explicit understanding. This experiential turn emerges from studies into the micro-processes of regulation and self-regulation in the mother–infant dyad and the application of its principles to the adult therapeutic relationship, where these micro-processes are also at play (Beebe and Lachmann 2002).

It is important here to point out that this research proposal does not disregard the explicit dimensions of the analytic process, or the individual aspects of both patient and analyst. On the contrary, it attempts to foster the connections between the implicit and unconscious elements of the process, and the verbal, explicit, and conscious experience. Psychotherapy process research into the implicit and nonverbal micro-processes of adult psychotherapy is still an emerging field that is not exempt from the challenges of developing empirical devices that can account for them in a systematic way. Nevertheless, we believe it can contribute to elucidating these phenomena. At the same time, although this proposal draws from relational thinking, it does not deny the processes that both patient and analyst experience as individuals, that manifest, for example, in the patient’s change process which is usually assessed by the analyst as an indicator of therapeutic



progress. As relational psychoanalysis assumes, individual and intrapsychic processes do take place, and are essential elements of human functioning and development, but they cannot be understood as isolated from the intersubjective matrix of human relatedness. When adhering to this relational thinking umbrella, the present proposal intends to highlight an aspect that has been overlooked by most research on the analytic process.

The leading research question now is: What is going on here between patient and analyst? It is a Copernican turn in the direction of questioning away from the top-down, theory-driven perspective to the bottom-up, observational perspective, by making use not only of hermeneutics as a source of relevant information, but also of systematic scientific scrutiny.

In an attempt to tackle the question of what constitutes psychoanalytic process, we propose a systematic research approach that is founded in and incorporates the paradigm shift towards a two-person psychology that characterizes contemporary psychoanalytic thinking. That is, we propose a clinically sensitive approach to psychotherapeutic process research that can account for two relevant phenomena involved in the analytic process: (1) the dyadic and interactional nature of the patient–analyst encounter; and (2) the implicit (unformulated) domain of this exchange and its relationship to the explicit (symbolic) dimension of experience. This implies developing and making use of systematic research methods and procedures that best contribute to describing these phenomena.

We propose that in order to continue to progress in building psychoanalytic theory that is connected with research, and specifically with research derived from the observation of psychoanalytic process “as it is usually delivered by psychoanalysts,” there has to be a *change of level* in what has constituted the traditional approach to psychoanalytic research. As Foehl (2010) points out, it is time for psychoanalytic inquiry to shift from a prescription of what the content of analytic process is, to a focus on describing the structure of process, based on a non-theoretical frame and as near to experience as possible. For this purpose, psychoanalytic process research should be inspired by and borrow from the micro-analytic procedures of mother–infant and psychotherapy research, and apply them to analytic process in order to unveil these specific processes.

### **Formulating a dyadic study unit**

The first premise of this research programme refers to the definition of the phenomena that will be examined through research methods. If we assume that in order to tackle the question of analytic process we need to unveil the complex and intertwined processes and mechanisms that build up and constitute the analytic relationship, then the variables that are to be studied must be dyadic variables. In other words, the *study unit* of interest must be defined and operationalized in such a way that it preserves what Beebe and Lachmann (2002) refer to as the “dyadic nature of the construction of experience” (182). This means that it should never lose sight of the underlying notion of mutual influence between patient and therapist.

Although the idea of defining variables based on dyadic concepts may seem obvious, in practice a great amount of research into the therapeutic relationship nevertheless draws findings that do not account for the relational essence of this phenomenon. Although psychotherapy research may be interested in studying such phenomena as the therapeutic relationship or mutual regulatory processes, because of its proven relevance for

psychotherapy outcome, it has often proceeded by segmenting, dividing, and measuring first, and establishing *post hoc* associations (Elliott 1984, 1991; Luborsky 1984; Orlinsky, Rønnestad, and Willutzki 2004; Teller and Dahl 1986). This is probably a consequence of the traditional praxis in scientific research of “dividing in order to study.” As a result, the “in-between” processes of the interactional nature of the patient–therapist encounter remain concealed behind these “static” or *post hoc* associations.

However, the aim of being “scientific,” that is, of developing rigorous systematic empirical knowledge, does not rule out the possibility of studying dyadic, “in-between” processes. What such research requires are clear conceptual and operational definitions of the interaction as a phenomenon in itself, as a study unit, in order to capture not only the individual contributions to the encounter, but furthermore, what goes beyond them. Here we draw on the reasoning of Bohleber (2013), who points out that

thinking in terms of intersubjective categories, it is not sufficient, as in a two-person psychology, to describe two players having an effect on each other; rather, the interaction itself, which cannot be disaggregated into individual proportions for each of the interaction partners, must be conceptualized. An encounter is always more than the impact it has on those doing the encountering. (94)

Here, we echo Bohleber’s argument in favour of pursuing the question of whether and how intersubjectivity in its true sense is described and what conscious and unconscious processes are at play between the actors of the analytic dyad that are associated to it.

We can find examples of psychotherapy process phenomena that have been defined as relational study units in the psychotherapy research field that constitute initial attempts to grasp the “in between” of the therapeutic process. The concepts of rupture and resolution of the alliance developed by Safran and Muran (2000, 2001, 2006) highlight the relational basis of the therapeutic alliance and operationalize the mutual regulatory processes through the idea of intersubjective negotiation between patient and therapist. This involves an interpersonal—conscious and unconscious—negotiation between patient and therapist’s subjectivities, as well as an intrapsychic negotiation between both actors’ needs for agency and relatedness. The authors have defined the concepts of rupture and resolution strategies so that they are susceptible to objective assessment by third parties through observation (Eubanks, Muran, and Safran 2015), and the action of both patient and therapist can be accounted for simultaneously.

Likewise, research on facial-affective nonverbal behaviour of patient and therapist allows the study of the dyad in action. Facial-affective behaviour is spontaneous and unconscious (Merten 2005), and represents an observable component of emotional processes (Bänninger-Huber and Widmer 1999). Therefore, it constitutes important empirical access to the emotional communication of the interactive partners, but also to elements that belong to the implicit domain of experience. Its emphasis on the affective regulation process highlights the analyst’s contribution (Merten 2005; Rasting and Beutel 2005), thus stressing the interaction as a study unit. This research field proposes that the communicative meaning of facial affects may have different functions, one of which is to regulate the relationship with the interactive partner by transmitting certain attitudes towards him/her or towards the state of the relationship, with the concomitant expectations about the interaction (Anstadt et al. 1997; Bänninger-Huber 1992; Bänninger-Huber and Widmer 1999; Merten 1997; Rasting and Beutel 2005). In this context, each emotion involves a

specific desire of regulation, and when it is expressed it entails a specific relational offer to the interactive partner (Bänninger-Huber and Widmer 1999; Benecke and Krause 2005). From this perspective, affective regulation can be understood and studied as “something more” than a set of reciprocal behaviours that influence each member of the analytic dyad. It can be understood as a co-constructed and emergent element of the encounter.

In an attempt to combine the rupture resolution model with the facial-affective regulation, a group of researchers belonging to the Millennium Institute for Research on Depression and Personality (MIDAP), including the first author, have been developing systematic studies on therapeutic process. They have examined the nonverbal, both facial and vocal behaviour of patient and therapist within significant instances of the therapeutic process, including ruptures of the alliance. This has been an attempt at describing, using modern methodologies, the emergent dyadic regulatory phenomena involved in the patient–therapist encounter (see Barros, Altimir, and Pérez 2016; Moran et al. 2016; Tomicic et al. 2011).

Besides what has been investigated so far, from a theoretical perspective, there are psychoanalytic concepts that may be candidates for research entailing the relational dimension of psychoanalytic process, insofar as they are clearly operationalized through an observable study unit. For example, the concept of *enactment*, which is relational in nature, may constitute a study unit, allowing the examination of a co-created phenomenon. Although there have been a variety of definitions and uses of the concept in the psychoanalytic tradition, and many times consensus has not been reached (Bohleber et al. 2013), in its core definition it involves patient and therapist acting together, mutually influencing each other, creating a “scene” (McLaughlin 1991). In general terms, Bohleber et al. (2013) define enactments as follows:

The analyst and the analysand become involved in an unconscious pattern of interaction and communication—a pattern that must be set within a scene, since the analysand is otherwise unable to express it. Countertransference enactment involves the occurrence of something unexpected and thus incompatible with the relevant rules of therapeutic technique. Because the analyst acquiesces on the affective level, his own vulnerability and personality enter directly into the treatment. (504)

This is a concept that is susceptible to being studied and observed with a good operational definition of behavioural markers, both verbal and nonverbal. The issue here regards establishing a difference between a clinical interpretation of the observed phenomenon and a near experience, a theoretical description based on observational markers of the phenomenon.

On the other hand, Daniel Stern’s (2004) *moment of meeting* is a concept that alludes to a significant relational instance within the analytic interaction. It is defined as shared moments, mutually understood by patient and therapist that create a shared implicit knowledge about their relationship; these experientially shared moments are crucial for therapeutic change insofar as they create a new intersubjective state that modifies the relationship and rearranges the patient’s implicit knowledge about relationships. Thus, the concept of moment of meeting may be considered a dyadic study unit that can be systematically studied, insofar as it is clearly operationalized to determine its observable markers during the ongoing analytic process.

### *Addressing the domain of implicit experience*

The second premise proposed in this research programme is that a study of the processes that take place between patient and analyst should pay special attention to the manifestations of the *implicit domain* of the relational experience. Implicit phenomena play a relevant role in patient–therapist affective communication. As Schore (2011) proposes, the attachment dynamic and therefore the learned relational repertoires of both patient and therapist would be represented through the implicit right-brain-to-right-brain affective communication of both participants. According to Beebe and Lachmann (2002), the implicit knowledge of how to proceed with another can manifest itself in non-verbal behavioural patterns, associated with attention regulation. Based on their research on mother–infant interactions, the authors suggest that most relational exchanges are strongly based on affective cues that contain specific information about emotional states and cognitive appraisal processes that are captured and utilized by both participants at the moment. Within this communication, affective signals take place in fragments of seconds, so that the speed and density of the information that is being exchanged does not allow the central control of cognition (Beebe and Lachmann 2002), that is, a verbal translation and conscious reflection (Lyons-Ruth 2000). At this implicit level, in the moment-by-moment exchange, participants' interactive emotional schemes of facial behaviour, gaze, vocalization, and orientation are organized, and the variations in the degrees of coordination and relational disruptions and repairs are negotiated (Beebe and Lachmann 2002).

Here we must address the relationship between implicit phenomena and the classical notion of the dynamic unconscious in psychoanalysis. We believe there is no reason in operating a clear-cut distinction between the unconscious of cognitive neurosciences and the dynamic unconscious of psychoanalysis (Arminjon 2011). We draw on Allan Schore's (2011) conceptualization of the implicit self and on Wilma Bucci's (1997, 2007) multiple code theory of mental processes. Both authors base their propositions on scientific evidence derived from cognitive and affective neurosciences, as well as research on attachment, and make serious attempts to link them with psychoanalytic understanding of the human mind.

From this perspective, implicit experience processed in the sub-symbolic system contains procedural knowledge and operates implicitly, automatically, out of conscious awareness, and therefore is not subject to intentional control, although it is susceptible to becoming conscious (Bucci 1997; Schuessler 2003). This system develops before the acquisition of language and its contents are stored in the emotional-procedural memory (Bucci 1997; Schuessler 2003), which remains relatively intact throughout the lifespan (Beebe and Lachmann 2002). These mental processes relate to the development and organization of the self in the interpersonal world, from early infancy and throughout the lifespan (Schore 2011). They develop based on repeated interactions with the caregivers and consolidate in mental representations that include motor, somatic, and sensorial processes and constitute the affective core of emotional and relations schemes (Bucci 2011). These schemes become activated in interpersonal situations often outside the individual's awareness and thus operate implicitly, based on procedural knowledge. The contents of these experiences may include emotional reactions and associations that can be felt but not formulated in words, such as elements of emotional schemes that have been dissociated and

that can influence explicit contents (Bucci 2007), or that can be activated in the relationship with the therapist (Gabbard 2000; Schuessler 2003), but cannot be expressed directly; as well as rejected or repressed material, in the sense of dynamic unconscious processes (Bucci 2007). This content may or may not be potentially accessible to consciousness.

As Schore points out, although implicit processes expressed through nonverbal communication take place mainly out of the conscious attention of patient and therapist, phenomena like transference and countertransference occur in response to these signals (Schore 2003). Schore (2012) stresses this implicit affective communication, describing how a strain in the therapeutic relationship may resemble an early dysregulated transaction of the patient. This would instantly trigger a rupture in the bond between patient and therapist, reconstructing what Lichtenberg (1985) has called a “model scene.” An affective state associated with early experiences stored in the procedural implicit memory would enter consciousness, thus generating negative affect and disorganizing the self. This state would be transmitted within the dyad: the therapist’s resonance triggers the somatic transference in the patient. Thus, affect communication and affect regulatory mechanisms would be essential to the therapeutic alliance and the analyst–patient relationship, and a central element of the analytic process (Schore 2003).

The interest of the present research programme is that of addressing unconscious experience in its broader sense, through systematic procedures, precisely because it is fundamental for understanding analytic process. This constitutes a methodological challenge, since observational data of the analytic process (i.e. session videotapes) can often be opaque in relation to its conscious or unconscious nature. This challenge calls for the selection of variables that can give us access to such unconscious processes, such as facial-affective behaviour, body synchrony, vocal quality, neurophysiological reactivity, among others. However, the observation of such behaviour alone is not sufficient for making the distinction between dynamic unconscious and other types of implicit phenomena, or of the relational or intrapsychic function of such behaviour in the analytic process. In order to specify the interpretation of our data, we must consider the several contexts of our observed phenomena, in order to make sense of its meaning. For this purpose, we must adopt empirical approaches that can draw us closer to elucidating the elements that sustain analytic process.

## Empirical approaches to psychoanalytic process research

In order to accomplish the systematic study of relational and implicit experience within psychoanalytic process, from the “bottom up,” this research programme proposes three simultaneous and complementary approaches to scientific inquiry, that are innovative and scientific. First, the selection of *systematic case study* as the *via regia* to understanding relational experience; second, the incorporation of an *events paradigm approach* for selecting relevant instances of the therapeutic process; and third, an emphasis on *micro-analysis* of specific phenomena related to the relational and implicit experience.

### Systematic case studies

Research designs interested in having access to the unique relationship that emerges within each therapeutic dyad and that brings about the specific relational processes

that are co-created by patient and therapist can be best formulated as *systematic case studies*. In this way, research may extract general knowledge on analytic process at the same time that it contemplates case-specific particularities and contexts which, through repeated observations, may contribute to the building of a cumulative database of cases, based upon which general principles of psychotherapeutic work and intervention may be drawn. According to Kächele (Kächele, Schachter, and Thomä 2012; Kächele, Schachter, Thomä, et al. 2009), although the primary means of report of insights and knowledge in psychoanalysis have been oral tradition combined with case studies, these have often been written in a somewhat loose manner. There has not been a systematic effort towards adequate sampling of cases in order to produce a corpus of representative, and therefore generalizable, case studies. The problem is not so much the use of clinical notes and vignettes as sources of information for extensive case studies, but the fact that they are usually selected by the therapist based on his/her theoretical predilections and with the purpose of emphasizing and supporting a specific formulation (Grünbaum 1984). Hence, the procedures and criteria involved in the selection of the material, as well as the theoretical and clinical assumptions behind them, are not available for public scrutiny by the clinical and scientific community (Kächele 2011; Messer 2007). This is problematic, as the essence of scientific activity is to allow public examination and interrogation by other actors, which in turn can propose alternative plausible explanations of the phenomenon that is the subject of interest (Fonagy and Moran 1993; Kächele 2011).

We therefore advocate for the implementation of systematic case studies that follow certain principles in order to generate a serious and valid corpus of knowledge (Fonagy and Moran 1993). Systematic case studies are interested in the way in which a particular individual changes as a result of a process that unfolds in time, and establishing the relationship between the intervention and other variables of interest through systematic and repeated observation and measurement. They require documentation based on objective and operationalized records of the process studied and its effects, in order to obtain data on the repeated occurrence of a homogeneous category of phenomena. Systematic case studies may have quantitative designs (several measures in time), qualitative designs (detailed and systematic observations), or mixed designs (Fonagy and Moran 1993). Data obtained from repeated observations allow knowledge to be drawn from the individual case and have the power to eliminate plausible alternative explanations.

Fonagy and Moran (1993) describe three principles for qualitative case designs. First, it is fundamental that these types of designs support their conclusions by obtaining data from multiple sources (observational data provided by external raters, participants' self-reports, follow-up interviews, etc.), since this increases credibility and avoids important research biases. It is also important to formulate clear hypotheses (or assumptions) in order to allow the emergence of counterexamples—information that disconfirms them—so that generalization gains support (under the premise that the exception confirms the rule). Finally, it is advisable that the researcher clearly states the personal connection between his/her subjectivity, assumptions, and research or theoretical interests, and the interpretation of the information recollected. Following these principles ensures scientific honesty on the one hand and the possibility of generating a continuous discussion between the different actors—researchers, clinicians, and patients—on the other. The authors indicate the advantages of quantitative systematic case designs. They argue that numerical representations of the data make it possible to apply statistical techniques

and reduce the complexity of observations to a relatively small (manageable) number of indicators. Furthermore, quantitative data are easier to examine in search of patterns of relationship between different elements of the therapeutic process. The combination of both designs can facilitate an in-depth understanding of the process, together with the systematization of general patterns of interaction within psychotherapy.

At the present time, process research can make use of several modern devices to capture analytic process in single cases, in order to avoid therapist bias in reporting a clinical case. Actual videotaping devices are becoming less intrusive to implement inside the consultation room, and allow high quality of images and audio. The advantage of videotaping versus only audiotaping is the possibility of examining nonverbal behaviour—and therefore implicit domains of communication and experience. This information can be complemented by notes of the case taken immediately after or during each session. In order to avoid selection biases (often unconscious) by the therapist, it is advisable that the selection of the data to be analysed (sessions, segments of sessions, transcripts, etc.) be carried out by a third party, besides the therapist. This assures the representativeness of the data collected (Messer 2007). It is not uncommon that therapists are reticent to video or audiotape patients, as they may consider it interferes with the psychotherapeutic process. Others may even consider that involving patients in research may have negative effects. Nevertheless, research indicates that patients often agree to be videotaped and that their therapies can be discussed in professional and scientific circles, considering that they gain as patients who are being extensively analysed by experts (Kächele 2011). It has also been observed that the adaptation of patients to the audiovisual record of sessions is quite fast, without implying a negative effect. In general, patients report rather positive effects of their participation in research studies (Marshall et al. 2001).

### *The events paradigm for the study of psychoanalytic process*

During the 1980s, psychotherapy process research bore witness to the birth of a new paradigm for the understanding and study of psychotherapeutic process. Several authors proposed methodological and conceptual approaches to elucidate the processes and mechanisms that take place within therapy and that relate to change (Elliott 1984; Luborsky and Crits-Christoph 1998; Rice and Greenberg 1984). These approaches attempted to answer the question of: What changes, and how does change occur? (Krause and Altimir 2016).

This emerging paradigm became an alternative to the limitations posed by traditional research on psychotherapy, which separated process from outcome and whose focus of interest was primarily the study of final outcome. Although this research tradition has demonstrated the effectiveness of psychotherapy, the conclusion that there are no differences in the effectivity of different therapeutic approaches did not contribute to understanding change and how it is produced during the therapeutic process. Thus, the unit of analysis was too broad (the entire therapy) (Greenberg 1999). At the same time, this new paradigm was also a reaction to traditional process research that focused on the description of therapist and patient behaviours within a session, which were considered separate operations within the therapeutic dyad. The therapist–patient action/reaction sequences—that is, the dyad as a unit—were not taken into account (Knobloch-Fedders, Elkin, and Kiesler 2015).

In response to this, the new psychotherapy research paradigm, which was referred to as the “patterns of change,” “events,” “change episodes,” or “change process” paradigm, pointed to the importance of examining specific moments of therapy that are critical to change, as well as those elements and mechanisms that facilitate or are involved in its occurrence (Greenberg 1984; Knobloch-Fedders, Elkin, and Kiesler 2015). The task therefore was to observe process in order to arrive at explanations about what really takes place in therapy in naturalistic settings, instead of basing such explanations exclusively on the preferred theoretical models (Greenberg 1999). In order to grasp these processes, researchers agreed that this type of research required the study of “real” therapies, that is, therapies carried out in naturalistic settings, meaning those treatments that are usually delivered both in mental health care units or private offices, instead of manual-based treatments usually implemented in randomized controlled trials. This responded to the question of what patients and therapists actually do that is associated with change. At the same time, given the need to examine small segments of therapy, single case or small-N designs were recommended, with the aim of replicating and accumulating findings by means of long-term research programmes (Knobloch-Fedders, Elkin, and Kiesler 2015; Krause and Altimir 2016).

Therapy process research has generated an important corpus of knowledge which in turn has contributed to a better understanding of how change comes about, throughout diverse therapeutic approaches. At the beginning of the twenty-first century, the events paradigm has acquired a new impetus, due to the growing conviction that research focused exclusively on outcome is insufficient for understanding psychotherapeutic change (Krause and Altimir 2016).

From this approach, the events to be studied are defined by the researcher based on conceptual, theoretical, or clinical notions of what is essential for therapeutic process and change. These events have been defined broadly as segments of the process that have a substantial influence on the evolution of change and final therapy outcome, as well as turning points in the therapy process. Several researchers have adopted a discovery-oriented approach in defining these events based on what emerges from therapy observations (Greenberg 1999; Hill 1990). However, significant therapy events can also be defined by concepts that are significant to therapy process, and that are clinically relevant, which are described in an operationalized way in order to observe them as they take place during the therapeutic process. This implies defining and identifying behaviour markers of the event, that can be observable by a third party. These clinically significant units constitute the context for the understanding of the process taking place within, as well as around (before and after) it (Greenberg 1986). Based on these observations, psychotherapeutic process can be understood as a sequence of recurring states and the transitions from one state to another, which take place in identifiable patterns (Safran 2003), are determined by the different contexts in which they take place, and vary throughout the course of therapy (Greenberg 1984). These events constitute particular “thick” experiential instances that convey significant information about the processes and mechanisms that form the building blocks of psychotherapy. By identifying these states and defining patterns of transition between them, the attempt is to develop a model that can sensitize clinicians to address and seize these patterns during therapeutic work (Safran 2003).

Once the event of interest is identified, the patient–therapist interaction, therapist’s interventions, and patient responses that take place within the event are studied. The



specific interest is to establish associations between these in-session events and the patient's changes that take place throughout the therapy process, as well as the patient's global change and final outcome. In order to achieve this, researchers must develop micro-theories that explain the observed event, after which these are assessed and verified through intensive study of an increasing number of therapy processes (Knobloch-Fedders, Elkin, and Kiesler 2015; Krause and Altimir 2016). Different methodological approaches for the identification and location of significant session events have been developed since, using both video and audio records of sessions, as well as verbatim transcripts. We believe that this approach is compelling for the study of psychoanalytic process in particular, as it can elucidate the specific processes and mechanisms that define analytic concepts.

### *A micro-analytic approach to clinical facts*

The study of relevant psychotherapeutic events is almost inseparable from the micro-analysis of what takes place within such events. For the purpose of the proposed research programme, micro-analysis constitutes the elected method for capturing the implicit domain of experience within the relational study unit of the patient–analyst dyad. Micro-analysis consists of the detailed description, even the deconstruction, of specific phenomena that are manifest in small lapses of time, and which can be very subtle, including behaviour that takes place at the split-second level and primarily through nonverbal communication channels. For the purpose of addressing the unconscious realm of experience, micro-analysis requires carrying out procedures that are capable of systematically apprehending, identifying, and describing those elements of the analytic exchange that are not consciously formulated, symbolized and declared by the interactive partners, and that can even occur simultaneously. This often means examining and observing the vast realm of nonverbal behaviour that takes place during the analytic situation, including facial behaviour, and vocal and phonetic elements of speech and body movements. Thus, it requires the utilization of modern technological devices such as high-definition video cameras, and audio recordings that allow the registration of fleeting behaviour that would otherwise be overlooked. At the same time, researchers have access to sophisticated computer programmes that are designed to analyse this type of data efficiently. As Kächele et al. (2015) conclude, micro-analyses can be considered the method of the future when attempting to describe and understand what clinical phenomena, including processes and mechanisms, are and how analyst and patient each contribute to the ongoing construction of the process.

Mother–infant research has been a pioneering field in the use of micro-analysis. Based on the thorough observation and description of the interactions between mother and infant, at the split-second level, mother–infant research has derived important conclusions regarding the interactive processes involved in the development of the self that have relevant repercussions in normal as well as psychopathological development (Beebe and Lachmann 2002). Specifically, regarding therapeutic change process in infant treatment, Harrison (2014) has proposed a three-level model that constitutes a clinical tool for integrating the multiple domains of therapeutic actions and for understanding the patient–analyst exchanges involved in clinical change. This model includes both verbal and somatic clinical material, constituting an exemplary attempt at linking three domains in

which these processes take place: a higher-ordered domain that includes a broad view of the change process; a middle layer that is explained by psychoanalytic theories that are clinically useful to the therapist; and a bottom layer of the micro-process, which includes the moment-to-moment patterns of coordinated rhythms that communicate meaning and at the same time provide the basis for higher-level change process. The present proposed research programme thus adopts a similar understanding of analytic process, inasmuch as it views it as composed of dimensions or levels of analysis, where the unit of observation/action varies, and where each level constitutes a context of clinical meaning for the adjacent levels.

Based on this micro-analytic approach, and in contrast to traditional psychoanalytic research which has attempted to derive empirical conclusions based on pre-determined theory, mother–infant research has derived generic principles about functional and dysfunctional processes in the development of self (for instance, hyper self-regulation or excessive interactive regulation), based on the observation of unique, intimate, and idiosyncratic experiences of specific mother–infant dyads, with their own co-created history of interactions, that cannot be “compared,” in its uniqueness, to any other. Furthermore, these principles have in turn been extrapolated to the adult analytic situation, thus informing psychoanalytic theory as well. Thus, the research approaches adopted by mother–infant research have shown how specific relational processes can be examined and systematized.

In a similar vein, micro-analysis can illuminate the recurring unformulated as well as explicit states between adult patient and therapist and their transitional patterns that build up what we understand as psychoanalytic process. The study of therapeutic interaction based on facial-affective behaviour of therapy participants has provided important empirical access to elements that belong to the implicit domain of experience, since such behaviour is spontaneous and unconscious (Merten 2005), occurs at the split-second level, and therefore is not susceptible to being encoded by representational and cognitive processes. Facial-affective behaviour constitutes an observable component of emotional processes (Bänninger-Huber and Widmer 1999), allowing privileged access to the continuous, ongoing exchange of both participants, as well as to the underlying emotional states involved in the interaction and that are organized at a non-symbolic, nonverbal, unconscious level (Bucci 2007), to which both members of the dyad react beneath awareness (Schore 2012). This, in turn, allows for the observation of affective regulatory processes that take place in the moment-by-moment exchange, thus stressing the interaction as a study unit. An example of this is Barros, Altimir, and Pérez's (2016) micro-analytic study of patients' facial-affective behaviour during episodes of rupture of the alliance, and its function for affective regulation. They observed that withdrawal ruptures were characterized by patients' higher frequency of positive emotions, thus relating it with patients' experience of agency and dependency during times of relational tension.

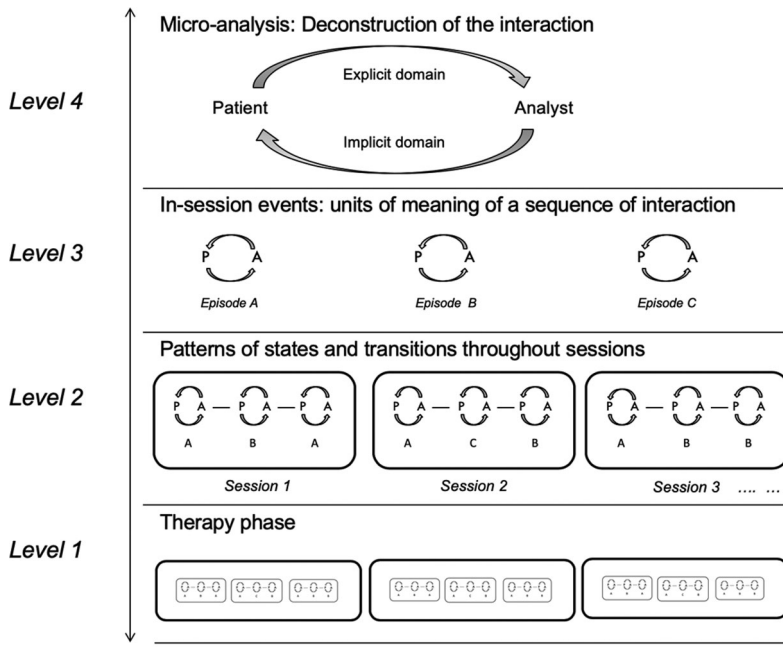
Several methods have been developed for the systematic study of facial-affective behaviour (Ekman and Friesen 1978; Ekman, Friesen, and Hager 2002; Izard, Dougherty, and Hembree 1983). Synchrony of body movements has also been studied in the psychotherapeutic context, where the degree of body movement synchrony between therapist and patient has been related to the level and quality of the therapeutic alliance and therapeutic relationship (Bernieri and Rosenthal 1991; Nagaoka, Yoshikawa, and Komori 2006; Ramseyer and Tschacher 2008). Similarly, the study of the voice has been shown

to be another alternative for accessing the implicit processes that compose the therapeutic exchange. Different aspects of vocal behaviour allow a description of the regulatory processes that arise during therapist and patient exchange, insofar as they reflect the emotional state of the speaker and how their expression may influence the interactive partner (Bady and Lachmann 1985; Beebe et al. 2000; Tomicic et al. 2011), specifically his/her empathic listening (Bady and Lachmann 1985).

These findings confirm the assumption that by studying nonverbal behaviour, we can access not only phenomena that belong to the implicit and unconscious domain of experience, but also the scenario in which mutuality unfolds, as a relational study unit. At the same time, it is important to underscore that the information derived from the micro-analysis of nonverbal behaviour needs to be related and contextualized with data derived from verbal, conscious, and explicit aspects of the participants' experience, in order to make clinical and conceptual sense of such observations. This responds to the rationale that explicit behaviour constitutes a context of meaning for implicit behaviour, that reduces the ambiguity of the meanings and functions the latter has in the analytic interaction. At the same time, the study of significant events of analytic process can provide a context of meaning that can make sense of the "smaller" descriptions derived from micro-analysis of both explicit and implicit behaviour. A significant sequence of facial affect regulation between patient and analyst does not have the same meaning and psychological function if it takes place within an enactment, or if it takes place within an event of insight, or a moment of meeting. Furthermore, these micro-sequences of events will not have the same clinical significance and influence if they take place at the beginning of an analytic process, or when the treatment is well advanced in time. Context can be considered at different levels of analyses simultaneously. Thus, extending the context of meaning from micro-sequences of significant events within a session to several sessions and from there to complete therapies will allow a dialogue with high-level theories on psychoanalytic process. [Figure 1](#) illustrates the way in which the proposed research programme envisions the approach to scientific inquiry of the analytic process, where the centre of attention is the dyadic and interactional nature of the process and the implicit and explicit levels are simultaneously considered. Each case to be examined is systematically described, considering its experiential uniqueness, certain defined events are selected through observable markers, and selected phenomena of the analytic interaction are analysed in detail through micro-analysis. This model contemplates how the processes and mechanisms that are described at each level of observation are contextualized and signified by the processes and mechanisms that simultaneously take place at the other levels of observation.

### **Case illustration**

In order to illustrate how the proposed research programme can be applied, an analysis of a sequence of patient–therapist interaction corresponding to a study conducted by the first author will be described. The research carried out was interested in establishing patterns of affective-facial regulation between patient and therapist within episodes of alliance ruptures, in a single case study of a brief psychodynamic psychotherapy of a female adult patient (32) and her male therapist (53). An excerpt from the fifth session (out of 31) is presented, corresponding to a confrontation rupture episode. According



**Figure 1.** Dimensions and approaches of the innovative, scientific, and clinically sensitive research programme.

to Eubanks, Muran, and Safran (2015), confrontation ruptures are defined as co-created interactional events between patient and therapist influenced by both conscious and unconscious dynamics, and are expressed by a momentary breaking off in the collaboration and a deterioration of the quality of the bond, where the patient moves against the therapist, expressing anger or dissatisfaction in a noncollaborative manner.

During this session, patient and therapist have been exploring the patient’s history of feeling neglected and abandoned by her parents during childhood. Halfway through the session, the rupture is apparently triggered by the therapist’s assertion that when he listens to the patient’s account and thinks of her as a child, he thinks it is sad, the idea of children living in those situations and being lonely, but he notes that she tells it in a detached manner. To this, the patient immediately responds, rejecting the therapist’s attempt to explore these feelings of sadness:

It’s already happened and deep down what at my ... thirty-two years I have, I’m trying to overcome ... obviously that stage, and I mean, if I start to think about it, sure, I want to get sad, sure, it makes me sad, and I find it sad but, but, I don’t I mean, I’m not interested in getting sad, or in judging my parents more than I already judged them and of the anger I had at some point, I mean (shakes her head) ...

Figure 2 illustrates the sequence of verbal and facial-affective behaviour throughout the episode, as well as the simultaneous behaviours in the implicit facial and explicit verbal domains of experience. According to the dimensions exposed in Figure 1, these behaviours and interactions would correspond to Level 4 phenomena, while the rupture episode belongs to Level 3, the session in which the rupture takes place, together with



the patient. Now that the patient expresses sadness nonverbally, the therapist has no need to reflect it. However, this moment lasts a few seconds and the patient returns to her defense, displaying disgust (rejection of the devalued object) as she denies with her head, but makes attempts to attenuate her expression. To this, the therapist responds simultaneously with an illustrator, i.e. emphasizing in a reflex way the patient's refusal.

Through this example we can see how the emotional interaction between patient and therapist is deconstructed, evidencing the processes of mutual emotional regulation (i.e. the therapist acts as a facial mirror of the patient's underlying emotions), as well as that of self-regulation (i.e. the patient's attempts to calm her own emotional disturbance). The regulatory and emotional communicative functions of these verbal and nonverbal behaviours only make sense to the extent that we know that they occur within an episode of confrontation rupture, that is, in the matrix of a relational conflict scenario, in which the patient moves in a rejecting, hostile manner, against the therapist, without being able to express her underlying experiences of vulnerability (Safran and Muran 2000). At the same time, the context of a fifth session—the initial phase of therapy—allows an understanding of this interaction as a characteristic relational repertoire of the patient, where she displays her usual defenses to deal with her experiences of relational conflict with her significant figures as well as with the therapist, i.e. defensively rejecting her needs to be cared for, through an excessive assumption of responsibility and over-adaptation.

## Discussion

The aim of this research programme is to offer a viable path towards the development of psychotherapy research that is founded on psychoanalytic hypotheses derived from a two-person psychology. At the same time, a second aim is to contribute to nurturing and helping to validate these clinical hypotheses based upon systematic studies that belong to a context different than that of the analytic situation (Jimenez 2006). In other words, this is a proposal towards a constructive dialogue between psychoanalytic practice and psychotherapy research which not only incorporates the therapist's perspective in informing about what takes place inside the consultation office, but that may also access the patient's subjective perspective on it, as well as that of researchers. This inevitably would imply that the production of psychoanalytic knowledge is in essence a transparent, open endeavour that takes into consideration the contributions of other disciplines, and that it does not develop in isolation. As has been described at the beginning of this article, psychoanalytic theories derived from two-person notions of the human mind have been greatly influenced by research on the fields of infant development, attachment theory, and neuroscience, from which its basic concepts and clinical observations have been supported. This article proposes that it may now be time for psychotherapy research to be nurtured and guided by relational psychoanalytic thinking, so it can, in turn, generate new knowledge that can not only support, but hopefully expand the bounds and applications of relational clinical formulations.

It does not escape us that our methodological proposal may seem strange, even unintelligible and not very useful for the clinician who works exclusively with singular patients, trying to shed light on the unconscious meanings of patient-analyst communication. However, every clinician knows the experience of supervising, that is to say, of working

with another colleague, generally with more experience, on a therapeutic process or a session already carried out. This process of revisiting the sessions, whether self-supervision or supervision with another, is just a moment in the general process of validation of psychoanalytic knowledge. In this way, we understand the knowledge validation process as a unique progression, which takes place within the session, including observation, conversation, and interaction (Kvale 1995; Jiménez 2009), and continues outside the session through what has been called the “second listening” (Baranger 1993). The main argument of our proposal is based on the fact that the purely clinical research method does not manage to discriminate emotional and interactive processes that, although determinant for the evolution of the treatment, develop under the threshold of perception of the analyst (and the patient) working in session. In this way, we intend to add a *third listening*, which broadens the scope of psychoanalytic knowledge to interactive micro-phenomena. Our proposal is not intended to replace the clinical method of knowledge achievement, but to complement it with a method that can integrate fields to which the clinical method, by its nature, does not reach. It is therefore a legitimate extraclinical and interdisciplinary proposal that can only be carried out in collaboration between clinical psychoanalysts and researchers working in the academic field. We understand that for many clinicians it can be frustrating that the hermeneutic method is unable to account for all aspects of the construction of theory in psychoanalysis. However, this is the situation for any clinician, whether working with psychological or medical patients: in order to become a *discipline*, clinical practice must *also* be nourished by scientific research.

In this article we have tried to show that, despite the inherent difficulties of interdisciplinary research, and in order to do justice to the complexity of analytic process, a pathway can be opened towards empirical, innovative, and clinically sound research on psychoanalytic process. We think this may contribute in a significant way to a sound and systematic practice-based development of psychoanalytic theory. It intends to be one of a variety of pathways to the enrichment of the research–practice dialogue in psychoanalysis. As such, it discusses the need for a route that links psychoanalytic-based theory and practice in the direction of psychotherapy process research, and suggests some specific areas in which psychoanalysis can constitute a theoretical background for the study of the still unclear micro-processes involved in the establishment, maintenance, and unfolding of the analytic interaction. It also discusses the need for a route that goes back from psychotherapy research towards psychoanalysis and its theoretical propositions. We hope the proposed road map makes sense both to psychoanalytic-oriented researchers and to clinicians.

### Translations of summary

Depuis cent ans de recherches cliniques et quarante ans de recherches empiriques, le concept de processus psychanalytique continue d'échapper à une définition consensuelle, probablement parce que la question et la méthodologie doivent être abordés de manière différente. Cet article décrit les implications empiriques du modèle épistémologique exposé dans un article précédent, en proposant un programme de recherche scientifique, novateur et cliniquement sensible pour l'étude du processus psychanalytique. Cette proposition tente de développer une recherche en psychothérapie, fondée sur des hypothèses psychanalytiques qui sont elles-mêmes dérivées d'une psychologie interactionnelle à deux personnes. Ce programme de recherche se concentre sur la nature interactionnelle du travail psychanalytique et sur la relation entre les niveaux implicites (inconscients) et explicites (conscients) de l'effort analytique. L'auteur propose l'articulation de ce

programme de recherche autour de trois méthodes: (1) l'utilisation systématique de cas cliniques, (2) l'adoption du paradigme des événements pour accéder aux phénomènes saillants du processus psychanalytique et (3) une approche micro-analytique des phénomènes spécifiques se produisant dans des séquences pertinentes d'interaction. Ces idées, illustrées par une description de la microanalyse d'un cas clinique, souhaitent contribuer à un dialogue constructif entre la pratique psychanalytique et la recherche en psychothérapie.

Nach 100 Jahren klinischer Forschung und 40 Jahren empirischer Forschung entzieht sich der Begriff des psychoanalytischen Prozesses nach wie vor einer übereinstimmenden Definition. Dies liegt möglicherweise daran, dass man sich dem Problem und der Methodik unterschiedlich nähern muss. Dieser Beitrag skizziert die empirischen Implikationen des erkenntnistheoretischen Modells, die in einem früheren Beitrag offengelegt wurden, indem er ein wissenschaftliches, innovatives und klinisch sensitives Forschungsprogramm zum Studium des psychoanalytischen Prozesses vorschlägt. Dieses Forschungsvorhaben ist ein Versuch, die Psychotherapie auf der Grundlage psychoanalytischer Hypothesen zu erforschen, die aus einer Zwei-Personen-Psychologie abgeleitet werden. Das Forschungsprogramm konzentriert sich auf die interaktionelle Beschaffenheit der analytischen Arbeit und auf die Beziehung zwischen den impliziten (unbewussten) und expliziten (bewussten) Ebenen des analytischen Strebens. Die Autoren schlagen vor, dieses Forschungsprogramm um drei methodologische Ansätze zu gruppieren: (1) Anwendung systematischer Fallstudien; (2) Nutzung des Ereignisparadigmas zur Einschätzung der wichtigsten Phänomene des analytischen Prozesses und (3) eine mikroanalytische Annäherung an spezifische Phänomene, die innerhalb relevanter Interaktionssequenzen in Erscheinung treten. Zur Veranschaulichung dieser Gedanken dient die Beschreibung der Mikroanalyse eines klinischen Fallbeispiels. Dieser Beitrag ist dazu gedacht, an einem konstruktiven Dialog zwischen der psychoanalytischen Praxis und der psychotherapeutischen Forschung mitzuwirken.

In 100 anni di ricerca clinica e 40 di ricerca empirica, il concetto di processo psicoanalitico continua a sottrarsi a una definizione condivisa da tutti – probabilmente perché occorre accostarsi al problema e alla relativa metodologia in modo diverso. Il presente articolo evidenzia le implicazioni empiriche del modello epistemologico presentato in un precedente lavoro proponendo un programma di ricerca sul processo psicoanalitico che sia al contempo scientifico, innovativo e attento alla dimensione clinica. Tale progetto rappresenta un tentativo di sviluppare una ricerca in ambito psicoterapeutico fondata su ipotesi psicoanalitiche derivate da una psicologia di tipo bipersonale. Nello specifico, il programma di ricerca si concentra sulla natura interattiva del trattamento analitico e sul rapporto tra il livello implicito (inconscio) ed esplicito (conscio) del lavoro di analisi. Gli autori propongono di articolare questo programma di ricerca attorno a tre approcci metodologici che comportano: (1) l'uso sistematico di casi clinici; (2) l'adozione del paradigma degli eventi per avere accesso ai fenomeni salienti del processo psicoanalitico; (3) un approccio micro-analitico ai fenomeni specifici che si presentano all'interno di particolari sequenze interattive. Queste proposte metodologiche vengono qui illustrate descrivendo la microanalisi di un caso clinico. Nel suo complesso, questo lavoro va inteso come contributo per un dialogo costruttivo tra la pratica analitica e la ricerca in psicoterapia.

En 100 años de investigación clínica y 40 años de investigación empírica, el concepto de proceso psicoanalítico sigue eludiendo una definición consensual, debido, tal vez, a que se requiere un enfoque diferente sobre el problema y la metodología. En este artículo se esboza las implicancias empíricas del modelo epistemológico expuesto en un artículo anterior, y se propone un programa de investigación que sea científico, innovador y clínicamente sensible para el estudio del proceso psicoanalítico. Esta propuesta intenta desarrollar una investigación en psicoterapia fundada en hipótesis psicoanalíticas provenientes de una psicología de dos personas. El programa de investigación se centra en la naturaleza interactiva del trabajo psicoanalítico y en la relación entre los niveles implícitos (inconscientes) y explícitos (conscientes) del esfuerzo psicoanalítico. Los autores proponen que este programa de investigación se articule en torno a tres enfoques metodológicos: (1) el uso de estudios de caso sistemáticos; (2) la adopción del paradigma de acontecimientos (*events paradigm*) para acceder a los fenómenos predominantes del proceso psicoanalítico, y (3) un enfoque microanalítico de los fenómenos específicos que ocurren dentro de las secuencias de interacción relevantes. Se presenta el microanálisis de un caso clínico como ejemplo. El artículo se plantea como un aporte al diálogo constructivo entre la práctica psicoanalítica y la investigación en psicoterapia.



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